

As Puerto Rico's representative in Congress, it pains me to read media accounts of the island's troubles, especially because I know that my constituents are just as capable and industrious as their fellow citizens in any other jurisdiction. Puerto Rico has enormous potential, but the reality is that this potential is not being fulfilled.

Although the island's problems have certainly grown worse in recent months, it is critical for policymakers and the American public to understand that these problems are not of recent vintage. To the contrary, for at least four decades, Puerto Rico's economic performance—and by extension, quality of life on the island—has been far worse than any State, according to every indicator, including unemployment, average household income, and the ratio of government debt to economic production.

In other words, Puerto Rico's difficulties have endured in more or less the same form, regardless of who holds power in Washington and San Juan and irrespective of the public policies they formulate.

To be sure, fiscal mismanagement at the local level and insufficient attention at the Federal level have both been factors contributing to Puerto Rico's problems, but the record clearly establishes that they are not the main factor.

What, then, is the principle source of Puerto Rico's longstanding woes?

In a recent editorial, *The Washington Post* correctly identified the culprit, noting that the territory's economic problems are "structural—traceable, ultimately, to its muddled political status." Curiously, *The Post* then asserted that "there will be time enough to debate" the status issue later and that Puerto Rico, for the time being, should concentrate on fixing its finances.

As I observed in a letter to *The Post's* editor, this is like a doctor recommending medicine to alleviate a patient's symptoms but doing nothing to treat the underlying disease.

As long as Puerto Rico remains a territory, deprived of equal treatment under critical Federal spending and tax credit programs, forced to borrow heavily to make up the difference, and lacking the ability to vote for the President and Members of Congress who make our national laws, the island will be in a position merely to manage, rather than surmount, its economic problems. This is the only reasonable conclusion to draw from decades of empirical evidence.

A majority of my constituents understand this, which is why they voted to reject territory status in a referendum held 1 year ago. The Obama administration recognizes this as well, which is why it proposed the first federally sponsored status vote in Puerto Rico's history to resolve the issue once and for all.

And, finally, Members of Congress from both parties comprehend this,

which is why 125 of them have cosponsored legislation I introduced that provides for an up-or-down vote in Puerto Rico on the territory's admission as a state and outlines the steps the Federal Government will take if a majority of voters favor admission.

There are many reasons to oppose Puerto Rico's territory status, which is unequal, undemocratic, and un-American. One of the most important reasons why Puerto Rico must discard this status in favor of either statehood or nationhood is because the current status has failed—and will continue to fail—to provide the island's 3.6 million American citizens with the economic opportunities and the quality of life they deserve.

Those who refuse to acknowledge this fundamental truth for ideological reasons are doing a great disservice to the people of Puerto Rico. They are on the wrong side of history.

OBAMACARE IMPACT ON HOSPITALS

The SPEAKER pro tempore. The Chair recognizes the gentleman from Pennsylvania (Mr. THOMPSON) for 5 minutes.

Mr. THOMPSON of Pennsylvania. Mr. Speaker, there has been much documented and published about the problems resulting from the Affordable Health Care Act. Millions of Americans are waking up to the cancellation of health insurance policies that they have depended on to meet their families' needs at an affordable price. There are skyrocketing premiums and deductible increases under the pressures of paying for coverage mandates they do not want, cannot afford, or may even have a moral objection to.

One area that has received little attention so far in this debate is what the impact will be on our hospitals, where much of the needed health care is provided by caring and competent professionals.

As a health care professional who served in rural hospitals for nearly 30 years as a therapist and a manager, I am confident that the future of rural and underserved urban hospitals is not good under the pressures and the mandates of ObamaCare.

While some point to tens of millions of Americans who were uninsured and now having some type of coverage—a plus for the bottom lines of hospitals—I would encourage a closer and more thoughtful look.

First, the CBO has estimated that, even after full implementation, there will still be tens of millions of Americans uninsured. Based on current reports from across America, this may include a lot of middle class Americans who find themselves, for the first time, unable to afford what ObamaCare dictated.

For hospitals, that ensures the continuation of bad debt and charity care that hampers their balance sheets. For lower-income individuals now insured

under expanded medical assistance, it is true that hospitals will be paid, but they are going to be paid 40 to 60 cents for every dollar of care that they provide—not exactly a sustainable margin. More accurately, it is a pathway to bankruptcy for hospitals when coupled with the new-found population of uninsured.

Mix this with the cost of compliance that will be rolling out from the Obama administration of the approximately 130 new regulatory agencies founded under the ObamaCare legislation.

Today, the cost of compliance with government mandates, including Medicare billing and HIPAA, account for a significant part of any hospital's overhead expenses. Multiply this by 100 under the yet-to-be-administered mandates and the costs of care will have to dramatically increase just to keep the doors open and the lights on for every hospital.

The human resources cost of providing health care coverage for hospitals, whose number one asset is a qualified and trained employee, will increase as the ObamaCare employer mandate is finally implemented just a year from now.

Finally, consider the fees and taxes imposed on hospitals in 2014, just weeks away.

Earlier this week a hospital CEO from my district reported:

We're going to have to pay close to \$200,000 next year, as will every hospital.

Hospitals will see various new fees, including a \$5,000 levy so the government can do research on the effectiveness of hospitals working within the plan. Additionally, hospitals will pay a \$19,500 health insurer's fee and a \$160,000 transitional reinsurance fee that will go into a pot to protect insurance companies against the risk of winding up with numerous high-risk customers.

These are added costs for the hospitals that Americans rely on for access to health care. I have to wonder what now is so affordable about the Affordable Care Act. Bankrupt hospitals serve no one.

Americans deserve better.

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THE AFFORDABLE CARE ACT AND PREVENTIVE HEALTH

The SPEAKER pro tempore. The Chair recognizes the gentlewoman from Connecticut (Ms. DELAURO) for 5 minutes.

Ms. DELAURO. Mr. Speaker, 27 years ago, I was diagnosed with ovarian cancer. I was lucky. I had excellent doctors who detected the cancer by chance in stage 1. I underwent radiation treatment for 2½ months. Because of the grace of God and biomedical research, I stand here today, and I am fortunate to say that I have been cancer free ever since.

I can tell you for a fact that access to preventive health care saved my life. If